



**Kansas Department of Health and Environment
Division of Environment
Bureau of Air and Radiation**

BATTERY CHARGING

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Normal Operating Schedule: _____ hrs/yr
- 5) Amount of Acid: _____ lbs per battery
- 6) Equipment: _____
Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
Maximum Rated Capacity: _____ batteries per hour
- 7) Number of Batteries charged in area: _____ per day; _____ per year
- 8) Type of Batteries charged: Sealed _____; Unsealed _____
- 9) Emission discharge to atmosphere _____ ft. above grade through stack or duct _____ diameter at _____ °F temperature, with _____ cfm flow rate and _____ fps velocity.
- 10) For emission control equipment, use the appropriate CONTROL EQUIPMENT form and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.
- 11) If applying for an operating permit, provide the date of the latest modification: _____